

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
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TOTAL IND.		↓	1	↓		↓
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TOTAL CLAIMS			2			

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TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS